

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/470 494
APPLICANT(S)

FILING DATE

12-22-99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			1			51		1				
2		1		1			52		1				
3		1		1			53		1				
4		1		1			54		1				
5		1		1			55		1				
6		1		1			56		1				
7		1		1			57		1				
8		1		1			58		1				
9		1		1			59		1				
10		1		1			60		1				
11		1		1			61		1				
12		1		1			62		1				
13		1		1			63		1				
14		1		1			64		17				
15		1		1			65		17				
16		1		1			66		17				
17		1		1			67	1					
18		17					68		1				
19		17					69		1				
20		17					70		1				
21	1						71		1				
22		1					72		1				
23		1					73		1				
24		1					74		1				
25		1					75		1				
26		1					76		1				
27		1					77		1				
28		1					78		1				
29		1					79		1				
30		1					80		1				
31		1					81		1				
32		1					82		1				
33		1					83		1				
34		1					84		1				
35		1					85	1					
36		1					86		1				
37		1					87		1				
38		17					88		1				
39		17					89		1				
40		17					90		1				
41	1						91		1				
42		1					92		1				
43		1					93		1				
44		1					94		1				
45		1					95		1				
46		1					96		1				
47	1						97		1				
48		1					98		1				
49		1					99		1				
50		1					100		1				
T TAL IND.	6						T TAL IND.						
TOTAL DEP.	241						TOTAL DEP.						
T TAL CLAIMS	247						TOTAL CLAIMS						